Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: _ COMPLETED MHL007-049 B. WING 01/25/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **424 WHARTON STATION ROAD COUNTRY LIVING ESTATES** WASH, NC 27889 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE **PREFIX** PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual survey was completed on January 25, 2024. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A SUpervised Living for Adults with Mental Illness. This facility is licensed for 6 and currently has a census of 5. The survey sample consisted of audits of 3 current clients. V 114 27G .0207 Emergency Plans and Supplies V 114 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies. (d) Each facility shall have basic first aid supplies accessible for use. RECEIVED This Rule is not met as evidenced by: Based on record review and interviews the facility FEB 24 2024 failed to ensure fire and disaster drills were held at least quarterly and repeated on each shift under conditions that simulate fire emergencies. **DHSR-MH Licensure Sect** The findings are:

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LABORATORY DIRECTOR'S OF PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

BSN, RN, OF

(X6) DATE

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If continuation sheet

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FORM APPROVED Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: ___ B. WING 01/25/2024 MHL007-049 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **424 WHARTON STATION ROAD** COUNTRY LIVING ESTATES WASH, NC 27889 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 114 V 114 | Continued From page 1 Review on 1/25/24 of facility records for January 2023 thru December 2023 revealed: Fire Drills: -All fire drills were completed between 6:47am -8:47am. -No documented fire drills for the 2:30pm-10:00pm shift or the 10:00pm-6:00am shift. Disaster Drills: -All disaster drills were completed between 6:50am-8:55am. -No documented fire drills for the 2:30pm-10:00pm shift or the 10:00pm-6:00am shift. Interview on 1/25/24 client #2 stated he participated in drills at the facility. Interview on 1/25/24 client #4 stated he did fire drills at the facility. Interview on 1/25/24 client #5 he participated in drills at the facilty. Interview on 1/19/24 the Qualified Professional stated shifts at the facility were: 9:00am-5:00pm, 5:00pm-1:00am, 1:00am-9:00am. He understood the requirement that fire and disaster drills were to be completed at least quarterly and repeated on each shift under conditions that simulate fire emergencies. V 118 V 118 27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall

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only be administered to a client on the written order of a person authorized by law to prescribe

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PRINTED: 02/12/2024 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPLETED MHL007-049 B. WING 01/25/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 424 WHARTON STATION ROAD **COUNTRY LIVING ESTATES** WASH, NC 27889 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 118 Continued From page 2 V 118 druas. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name: (B) name, strength, and quantity of the drug: (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.

Based on record reviews, observation and interviews, the facility failed to administer medications on the written order of a physician and failed to keep the MARs current affecting three of three clients (#2, #4 and #5). The findings are:

This Rule is not met as evidenced by:

Finding #1:

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Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: 01/25/2024 B. WING MHL007-049 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **424 WHARTON STATION ROAD COUNTRY LIVING ESTATES** WASH, NC 27889 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID COMPLETE (FACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 118 V 118 Continued From page 3 Review on 1/25/24 of client #2's record revealed: - 20 year old male. - Admission date of 9/28/23. - Diagnoses of Autism Spectrum Disorder, Major Depressive Disorder- Moderate with Anxious Distress, Attention Deficit Hyperactivity Disorder and Schizophrenia Spectrum Disorder. Review on 1/25/24 of client #2"s signed FL2 dated 9/28/23 revealed the following medication orders: - Divalproex Sodium (depression) 250mg- Take 1 2 times daily. - Fluticasone Prop (allergies) 50mcg-1 spray each nostril daily. - Melatonin (insomnia) 3mg- Take 2 at bedtime. - Olanzapine (schizophrenia) 10mg- Take 1 at bedtime. Review on 1/25/24 of client #2's October 2023-January 2024 MARs revealed the following blanks: October 2023 - Divalproex 10/7/23 at 8pm. - Melatonin 10/7/23 at 8pm. - Olanzapine 10/7/23 at 8pm. November 2023 Divalproex 11/27/23 at 8pm. - Melatonin 11/27/24 at 8pm. Olanzapine 11/27/23 at 8pm. December 2023 - Divalproex 12/12/23 at 8pm. - Melatonin 12/12/23 at 8pm. Olanzapine 12/12/23 at 8pm. January 2024

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- Divalproex SOD ER 1/1/24 at 8pm; 1/10/24 at 8pm; 1/15/24 at 8pm and 1/17/24 at 8am.

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V 118	Continued From pag	ge 4	V 118			
	 Melatonin 1/1/24 a 1/15/24 at 8pm. Olanzapine 1/1/24 1/15/24 at 8pm. 	50mcg Spray- 1/17/23 at 8pm. t 8pm; 1/10/24 at 8pm and at 8pm; 1/10/24 at 8pm and client #2 stated he received y as ordered.				
	30 year male.Admission date of 3	of client #4's record revealed: 3/17/19. coaffective Disorder- Bipolar				
	dated 8/3/23 reveale orders: - Cogentin (Benztrop (mg) - Take 1 twice of - Symbicort (Budeson 160-4.5 microgram (daily) Clonazepam (agitat daily) Omeprazole (GERE - Prazosin (nightmare - Propranolol (mood))	nide-Formoterol) (wheezing) mcg) - Inhale 2 puffs 2 times zion) 0.25mg - Take 1 2 times 2) 20mg- Take on daily. Pes) 1mg- Take 3 at bedtime. 10mg- Take 1 2 times daily. Folient # 4's October 2023, January 2024 MARs g blanks: at 8pm at 8pm. 3 at 8pm. at 8pm.				

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PRINTED: 02/12/2024 FORM APPROVED Division of Health Service Regulation (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: _ B. WING 01/25/2024 MHL007-049 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 424 WHARTON STATION ROAD COUNTRY LIVING ESTATES WASH, NC 27889 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRFFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 118 V 118 Continued From page 5 December 2023 - Cogentin - 12/12/23 at 8pm - Symbicort - 12/12/23 at 8pm. Clonazepam - 12/12/23 at 8pm. - Prazosin - 12/12/23 at 8pm. - Propranolol 12/12/23 at 8pm. January 2024 - Cogentin - 1/1/24 at 8pm; 1/10/24 at 8pm; 1/15/24 at 8pm and 1/17/24 at 8am. - Symbicort - 1/1/24 at 8pm; 1/10/24 at 8pm; 1/15/24 at 8pm and 1/17/24 at 8am. - Clonazepam - 1/1/24 at 8pm; 1/10/24 at 8pm; 1/15/24 at 8pm and 1/17/24 at 8am. Omeprazole - 1/17/24 at 8am. - Prazosin - 1/1/24 at 8pm; 1/10/24 at 8pm and 1/15/24 at 8pm. - Propranolol - 1/1/24 at 8pm; 1/10/24 at 8pm; 1/15/24 at 8pm and 1/17/24 at 8am. Interview on 1/25/24 client #4 stated he received his medications daily as ordered. Finding #3: Review on 1/25/24 of client #5's record revealed: - 27 year old male. - Admission date of 05/15/23. - Diagnoses of Autism Spectrum Disorder Level 3. Major Depressive Disorder- Recurrent-

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orders:

Compulsive Disorder.

nostrils 2 times daily

Moderate w/ Anxious Distress and Obsessive

Review on 1/25/24 of client #5"s signed FL2 dated 6/9/23 revealed the following medication

- Fluvoxamine Extended Release (ER) (antidepressant) 100mg Take 2 at bedtime. - Fluticasone Propionate (allergies)- 1 spray both

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	NT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 2 2	PLE CONSTRUCTION		E SURVEY
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	- Focalin (stimulant) - Loratadine 10mg (stimulant) - Loratadine 10mg (stimulant) - Loratadine 10mg (stimulant) - Loratadine 10mg (stimulant) - December 2023 and the following blanks: October 2023 and the followin	- 5mg Take 2 daily. allergies) 10mg Take 1 daily. of client #5's October 2023, January 2024 MARs revealed 1/7/23 at 8pm. 0mcg 12/12/23 at 8pm. 2/12/23. /1/24 at 8pm; 1/10/24 at 8pm; 1/17/24 at 8pm, 1/10/24 at 8pm Bam. at 8am. client #5 stated he received as ordered. the House Manager stated: medications daily as the MAR was probably stered it but forgot to check it the Qualified red Nurse stated: MAR administer medications f a physician and failed to nt. ccurately document ation it could not be received their medications	V 118	DEFICIENCY)		
	as ordered by the phy	Old Mills				

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Plan of Correction

Country Living Guest Home , Inc. Country Living Estates MHL-007-049

ID Prefix Tag	Plan of Correction	Complete Date
V114 27G .0207 Emergency Plans and Supplies	Plan of Correction The facility will continue to conduct fire drills on a monthly basis. Each month, the drill will be conducted during a different shift, ensuring that a drill is held in each of the 3 designated shifts per quarter. Designated Shifts are as follows: -1st 9am to 5pm -2nd 5pm to 1am -3rd 1am to 9am All drills will simulate fire emergencies. Fire drills will be documented on the Fire & Disaster Drill Rehearsal Form located within each individual home. All drills will be reviewed monthly by the designated Quality Assurance Supervisor. Prior to signing off on the drill, the QAS will ensure that drills have been conducted in a manner that is consistent with the information listed above.	2/16/24
	A management meeting was held on 1/29/24 to discuss the deficiency noted by DHHS on 1/25/24. The meeting was conducted by and LCSW,QP,Administrator with all 3 Quality Assurance Supervisors present.	

V118 27G .0209 (C) Medication Requirements

The facility will ensure all medications are administered per physician's order and documented on the MAR.

The MAR will remain current.

The facility will continue to utilize an electronic medication administration record (EMAR) offered through Express Care Pharmacy.

Additional medication administration training was provided to all staff within the agency on 2/8/24 and 2/9/24. The agency offered 2 dates to ensure attendance of all staff. The training was conducted by

Management continues to explore scenarios that led to the "blanks" on the EMAR. Staff denies making the medication errors. Issues related to medication counts have not been reported to the RN/QP. The QAS will continue to monitor med counts throughout the month and prior to staff opening the new batch on the 7th of each month. Management continues to consult with Express Care Pharmacy to rule out technical errors associated with the EMAR system.

The facility hired another RN on 11/6/23. The EMARs will be monitored daily over the next several months as a result of the deficiency. They will be monitored weekly and as needed thereafter to ensure compliance with medication administration requirements. Oversight of the EMARs will be the responsibility of a facility RN.

All feedback and findings related to medication administration will be reported to

Provider Signature:

Jefusell BSN,RN, 00 Date: 2/14/24

2/16/24